

MARIANHILL VOLUNTEER APPLICATION FORM

PLEASE PRINT

DATE : _____

Mr.
Mrs.
Miss

(Surname) (First Name)

Address: _____
(Street) (City) (Postal Code)

Telephone: (Home) _____ (Business)Ext _____ Date of Birth / / _____

Occupation: _____ Previous Volunteer Experience: _____

Education: _____

Please list any skills, hobbies or interests you have that might be helpful in your volunteer work:

Do you have physical limitations we should be aware of Yes No

Days and Times Available: _____

Type of Volunteer Work Desired: _____

How did you learn about our Volunteer Department? _____

Reason for volunteering: _____

Reference 1. _____
(Please fill out in full) (Surname) (First Name)

(Address) (Postal Code) (Telephone)

Reference 2. _____
(Please fill out in full) (Surname) (First Name)

(Address) (Postal Code) (Telephone)

**PLEASE NOTE A POLICE RECORD CHECK MUST BE SUBMITTED TO THE HUMAN RESOURCES COORDINATOR AT
MARIANHILL**

OFFICE USE ONLY:

Date of Interview: _____ Placement: _____

Date Placed: _____ Date Terminated: _____

Remarks: _____

**PLEASE RETURN TO: Marianhill 600 Cecelia Street Pembroke, Ontario K8A 7Z3
c/o Co-ordinator of Recreation & Volunteers**

Mission Statement

Marianhill provides a continuation of Christ's healing ministry, following the example of Saint Marguerite D'Youville. Marianhill is committed to quality of life for adults who require continuing care services, with special expertise in and a focus on geriatric care.